

Statement of Organization
Recipient Committee

(Government Code Sections 84101-84103)

WHERE T _E:

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

STATEMENT C ORGANIZATION

Date Stamp

CALIFORNIA
1994 FORM 410

For Official Use Only

Type or print in ink

Amendment

☐ Check box if an Amendment
and enter I.D. number:

#

And, if applicable, file one copy of this form with:
The city or county officer, if any, who receives the
committee's original campaign disclosure
statements.

SEE INSTRUCTIONS ON REVERSE

I Committee Information

Date Qualified as
Committee

(Month, Day, Year)

☒ Check box if not yet qualified

NAME OF COMMITTEE

Citizens for Sieglock

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET

1702 Timberlake Circle

CITY

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

Lodi

CA

95242

(209) 368-6521

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

SAN JOAQUIN CO

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

P.O. Box 893

CITY

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

Lodi, CA

95241

(209) 368-6521

II Treasurer and Other Principal Officers

NAME OF TREASURER

LARRY M. SOLARI

MAILING ADDRESS

3750 Gleneagles Dr.

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Stockton

CA

95219

(209) 943-2222

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Disposition of Surplus Funds You must specify what disposition will be made of leftover campaign funds, if any, at termination.

IV Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I
certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

9/17/94

DATE

At

Lodi, CA

CITY AND STATE

By

Larry M. Solari

SIGNATURE OF TREASURER

Executed on

9/17/94

DATE

At

Lodi, CA

CITY AND STATE

By

Jack A. Sieglock

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

At

CITY AND STATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

At

CITY AND STATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

nailed in by candidate

Statement of Organization
Recipient Committee

STATEMENT

ORG

CALIFORNIA
1994 FORM

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Type or print in ink

Page 2

NAME OF COMMITTEE

Citizens for Sieglock

I.D. NUMBER (IF AMENDMENT)

V Type of Committee Completing This Statement:

COMPLETE THE APPLICABLE SECTION(S). MORE THAN ONE CATEGORY MAY BE APPLICABLE TO YOUR COMMITTEE. SEE REVERSE FOR IMPORTANT INFORMATION AND DEFINITIONS OF THE COMMITTEES LISTED BELOW.

Controlled Committee

- If this committee is controlled by one or more officeholder(s) or candidate(s), list the name of each controlling officeholder or candidate. Also list the elective office sought or held, and district number, if any, for each individual.
- If this committee is controlled by one or more officeholder(s) or candidate(s) for partisan office, list the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT/COMMITTEE

JACK A. SIEGLOCK

PARTY

non-partisan

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

Member, LODI CITY COUNCIL

Primarily Formed Committee

If primarily formed to support or oppose specific candidates or measures, list the candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

JACK A. SIEGLOCK

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

Member, LODI CITY COUNCIL

CHECK ONE

SUPPORT

OPPOSE

SUPPORT

OPPOSE

General Purpose Committee

If not formed to support or oppose specific candidates or measures, check ONE box to indicate if this is a:

☐ CITY Committee or

☐ COUNTY Committee or

☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

Provide the name and address of the sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR:

INDUSTRY GROUP OR AFFILIATION OF SPONSOR:

ADDRESS OF SPONSOR: NO. AND STREET

CITY

STATE

ZIP CODE

Broad Based Committee

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

☐ Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee:

(Month, Day, Year)

☐ Check box if this committee no longer qualifies as a broad based committee.